



# STATE OF IOWA

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May 12, 2003

## INFORMATIONAL LETTER NO. 318

**TO:** Iowa Medicaid Participating Physicians

**FROM:** The Iowa Department of Human Services, Bureau of  
Managed Care & Clinical Services

**SUBJECT:** Procedure Coding Changes

**EFFECTIVE DATE:** July 1, 2003

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandated uniform national standards for health information. Consequently, Iowa Medicaid initiated a review of all local "W" HCPCS codes that are unique to Iowa Medicaid. These local codes are being replaced by CPT and HCPCS Level II codes. Other 'W' codes are being discontinued because they were not utilized.

<u>Old Code</u>	<u>Description</u>	<u>New Code</u>
W0041	LASER INTERFEROMETRY TESTING	92136
W0042	HAND HELD LOW VISION AIDS & OTHER NONSPE	V2600
W0043	SINGLE LENS SPECTACLE MOUNTED LOW VISION	V2610
W0044	TELESCOPIC & OTHER COMPOUND LENS SYSTEM,	V2615
W0126	HEARING AID REPLACEMENT EAR MOLD	V5264
W0160	COMPLETION OF RISK ASSESSMENT FORM	99420
W0161	TOTAL OB CARE, VAGINAL DELIVERY-HIGH RISK-ADD ON FEE	H1005
W0165	TOTAL OB CARE, C-SECTION DELIVERY-HIGH RISK ADD ON FEE	H1005
W0168	HIGH RISK SERVICE-ANTEPARTUM, ADD ON FEE (4-6 VISITS)	H1001
W0169	HIGH RISK SERVICE-ANTEPARTUM, ADD ON FEE (7+ VISITS)	H1001
W0200	INTRA-UTERINE DEVICE (IUD)	J7300
W0201	FINGER SPLINT	S8450
W0203	MILEAGE, PER MILE, OUTSIDE COMMUNITY, NURS HOME PT.	99082
W0204	PROGESTASERT IUD	S4989
W0425	DIAPHRAGM	A4266
W0511	BRIEF VISIT & ADMINISTRATION PSYCHOTROPIC DRUG	H0033
W0782	ADMINISTRATION FEE FOR IMMUNIZATION ONLY	90471&90472
W0802	DIAGNOSTIC EXAM BY PSYCHOLOGIST,SOC WKR, PSYCH RN	H0031
W0827	BRIEF INTERVIEW BY PSYCHIATRIST/15 MIN	90801
W0829	PSYCHOLOGICAL TESTING BY PSYCHOLOGIST/15 MIN.	96100 with HP Modifier
W0844	INDIVI. PSYCHOTHERAPY BY PSYCHOLOGIST/15 MIN.	90804 with HP Modifier
W0845	IND PSYCHOTHERAPY BY SOCIAL WORKER/15 MIN	90804 with HO Modifier
W0846	IND PSYCHOTHERAPY BY PSYCHIATRIC NURSE/15 MI	90804 with HN Modifier
W0854	MENTAL RETARDATION TESTING	96100-96117 with U4 Modifier
W0855	MENTAL RETARDATION EVALUATION	96100-96117 with U4 Modifier

<b>Old Code</b>	<b>Description</b>	<b>New Code</b>
W0856	GROUP THERAPY BY PSYCHIATRIST, 1 HOUR	90853
W0857	GROUP THERAPY BY PSYCHOLOGIST, 1 HOUR	90853 with HP Modifier
W0858	GROUP THERAPY BY SOCIAL WORKER, 1 HOUR	90853 with HO Modifier
W0859	GROUP THERAPY BY PSYCHIATRIC NURSE, 1 HO	90853 with HN Modifier
W0866	FAMILY THERAPY BY PSYCHIATRIC NURSE, PER 15 MIN	90846/90847 with HN Modifier.
W0867	FAMILY PSYCHOTHERAPY BY SOCIAL WORKER, PER 15 MIN	90846/90847 with HO Modifier
W0868	FAMILY THERAPY BY PSYCHOLOGIST, PER 15 MINUTES	90846/90847 with HP Modifier
W0869	FAMILY PSYCHOTHERAPY, BY PHYSICIAN, PER 15 MIN	90846/90847
W0870	TWO PSYCHIATRISTS-1 HR.- GP.THER.	90853
W0871	PSYCHIATRIST & PSYCHOLOGIST-1 HR.	90853
W0872	TWO PSYCHOLOGISTS - 1 HR.-GP.THER.	90853
W0873	SOCIAL WORKER & PSYCHIATRIST-1 HR.- GP THER	90853
W0874	SOCIAL WORKER & PSYCHOLOGIST - 1 HR.- GP THER	90853
W0875	TWO SOCIAL WORKERS - 1 HR.-GP.THER.	90853
W0876	PSYCHIATRIC NURSE & PSYCHIATRIST-1 HR.-GP THER	90853
W0877	PSYCHIATRIC NURSE & PSYCHOLOGIST-1 HR.- GP THER	90853
W0878	PSYCHIATRIC NURSE & SOCIAL WORKER-1 HR.-GP THER	90853
W0879	TWO PSYCHIATRIC NURSES - 1 HR.- GP.THER.	90853
W0886	GP.THER.-1 1/2 HR.-PSYCHIATRIST	90853
W0887	GP.THER.-1 1/2 HR.-PSYCHOLOGIST	90853
W0888	GP.THER.-1 1/2 HR.- SOCIAL WORKER	90853
W0889	1 1/2 HR.- PSYCHIATRIC NURSE-GP.THER.	90853
W0890	TWO PSYCHIATRISTS - 1 1/2 HR.-GP.THER.	90853
W0891	PSYCHIATRIST & PSYCHOLOGIST - 1 1/2 HR. GP THER	90853
W0892	TWO PSYCHOLOGISTS - 1 1/2 HRS.- GP THER	90853
W0893	SOCIAL WORKER & PSYCHIATRIST-1 1/2 HRS.-GP THER	90853
W0894	SOCIAL WORKER & PSYCHOLOGIST - 1 1/2 HR.-GP THER	90853
W0895	TWO SOCIAL WORKERS - 1 1/2 HRS.-GP THER	90853
W0896	PSYCHIATRIC R.N.&PSYCHIATRIST-1 1/2 HRS.- GP THER	90853
W0897	PSYCHIATRIC R.N.&PSYCHOLOGIST-1 1/2 HR.	90853
W0898	PSYCHIATRIC R.N.&SOCIAL WORKER-1 1/2 HRS-GP THER	90853
W0899	TWO PSYCHIATRIC NURSES - 1 1/2 HRS.-GP THER	90853
W0950	ANESTHESIA FOR LEGAL (THERAPEUTIC) ABORT	01964
W0951	ANESTH FOR INTRAPERITONEAL PROC OTHER TH	CPT Anesthesia codes
W0952	ANESTH FOR VAGINAL PROC OTHER THAN ABORT	CPT Anesthesia codes
W0953	ANESTH FOR EXCISION OF CERVICAL STUMP OR	00940
W0954	ANESTHESIA FOR TUBAL LIGATION / TRANSECT	00851
W0955	ANESTHESIA FOR VASECTOMY UNILATERAL / BI	00869
W0956	ANESTHESIA FOR HYSTERECTOMY	00846/01962/01963/00944
W0957	ANESTH FOR BIOPSY OF STOMACH OR INTESTIN	00740
W0958	ANESTH FOR PARTIAL HEPATECTOMY, (EXCLUDI	00792
W2002	INTERMEDIATE EYE EXAM NEW PATIENT, NON-R	92002
W2004	COMPREHENSIVE EYE EXAM, NEW PATIENT, NON	92004
W2012	INTERMEDIATE EYE EXAM, ESTABLISHED PATIE	92012
W2014	COMPREHENSIVE EYE EXAM EST PATIENT, NON-	92014
W2016	HYDROPHILIC SOFT CONTACT LENS FOR CORNEAL	V2627
W2203	DENTAL APPLICATION OF FLOURIDE	D1203/D1204

DHS used the CMS guideline to determine services that are considered 'atypical'. These codes will not be replaced. Please continue to use the following local "W" Codes:

<b><u>Old Code</u></b>	<b><u>Description</u></b>
W2005	REPAIR OF LENSES, PARTS AND/OR LABOR
W2006	REPAIR OF FRAMES, PARTS, AND/OR LABOR
W2021	DISPENSE/FIT NEW LENSES
W2022	DISPENSE/FIT NEW FRAMES
W2023	DISPENSE/FIT CONTACT LENSES

<b><u>Old Code</u></b>	<b><u>Description</u></b>
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*W0045	SMALL SIZE FRAMES
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\*Continue to use the 'W' code until further notice.

The following codes have been discontinued due to lack of utilization and do not have a replacement code:

<b><u>Old Code</u></b>	<b><u>Description</u></b>
W0162	VAGINAL DELIVERY ONLY FOR HIGH RISK PATIENT ADD ON FEE
W0164	POSTPARTUM CARE ONLY FOR HIGH RISK PATIENT ADD ON FEE
W0166	C-SECTION DELIVERY ONLY FOR HIGH RISK PATIENT ADD ON FEE
W0167	HIGH RISK SERVICE FOR VAGINAL DELIVERY ADD ON FEE
W0169	HIGH RISK SERVICE FOR ANTEPARTUM CARE ADD ON FEE
W0170	HIGH RISK SERVICE FOR C-SECTION DELIVERY ADD ON FEE
W0206	CONTRACEPTIVE CAPSULE REMOVAL-HOSPITAL
W0207	NORPLANT INSERTION IN HOSPITAL, PHYSICIAN

Physicians must continue to bill for injections using the "J" HCPCS codes. Do not use the drug's NDC on the CMS 1500 Claim Form to bill Medicaid for injections.

### **New HCPCS Modifiers**

<b><u>Modifier</u></b>	<b><u>Description</u></b>
U1	Referral for Treatment During EPSDT Well Child Screen
U4	MR Testing (Use with CPT Codes 96100-96117)
HN*	Service by a Psychiatric Nurse
HO*	Service by a Social Worker
HP*	Service by a Psychologist

**\*Modifiers used to identify discipline of the person providing the service. Modifiers will determine reimbursement level.**

The following modifiers have been replaced:

<b><u>Old Modifier</u></b>	<b><u>Description</u></b>	<b><u>New Modifier</u></b>
XB	Screening with Referral Other Than Dental	U1
XD	Screening with Referrals Other than Vision, Hearing, or Dental	U1
AC*	Medical Direction of CRNA	QY
AN*	Services by a Physician Assistant (non-surgery	U2
Z1	Services As the Result of EPSDT Exam	EP
Z2	Services Related to Family Planning	FP
AB*	Medical Direction of Employed CRNA	AD

**\* Modifiers will determine reimbursement**

**The Following Modifiers have been discontinued and will no longer be used by Iowa Medicaid:**

**GN  
OB  
XA  
XC**

**NOTE: REMEMBER, THESE CHANGES ARE EFFECTIVE FOR DATES OF SERVICE 07/01/03 AND AFTER.**

If you have any questions, please contact ACS, fiscal agent of the Iowa Department of Human Services at 1-800-338-7909 or locally at 515-327-5120.